Testing the Efficacy of Peer Support for Recovery Management: Arizona's Pilot Study

by Emma C. Redmond

The concept of recovery management and the efficacy of interfacing with addiction clients for longer periods of time appealed to Christie Dye, Chief of Arizona's Bureau of Substance Abuse Treatment and Prevention Services, Division of Behavioral Health Services, and her staff. Disenchanted with short-term and acute care models of substance use intervention, the staff saw value in a long-term approach for clients with a chronic disease.

A firm belief that peer-delivered support could serve this purpose and appropriately augment traditional forms of substance use disorder treatment led the Division of Behavioral Health Services to pursue integrating the recovery model into its service system and revising its Medicaid protocols to include methods to track and pay for these services. Work with a consultant led to the development of a new Medicaid covered services manual with a State rate built in for peer and family support.

Arizona's desire to learn more about peer support in recovery management coincided with the State's need to review the array of treatment services offered and service usage patterns. From this review, staff recognized that services, such as peer and family support, generally did not have wide usage in substance abuse treatment, even though the model was being used in other programs. In addition, peer-delivered services appeared most applicable for persons and/or families who required greater structure and intensity of services than was available through self-help groups such as Alcoholics Anonymous and Narcotics Anonymous.

The ability to track usage and pay for peer support services created an opportunity to help agencies integrate the concept into their treatment designs. Bureau Chief Dye asked SAMHSA for help and received technical assistance for division staff and provider agencies. This assistance led to the development of a pilot project with 7 agencies from across the state of Arizona during 2003. Currently, in 2005, this pilot project includes 16 agencies that are in various stages of developing and implementing peer helpers in their treatment systems. These recovery specialists operate in a wide range of settings, including detoxification, supported housing, methadone clinics and residential care. Their duties include engaging clients in treatment, acting as coaches and consultants in recovery, and helping clients identify and negotiate community resources.

Bureau staff, Ed Zborower and Jennie Lagunas, believe that incorporating peer support into the treatment setting is an evolving process and will eventually result in emerging best practices. Of particular interest is identifying the most effective use of peer support; developing approaches related to welcoming and showing appreciation for peer helper skills; studying the impact of hiring practices, boundaries, documentation requirements, and licensing; and devising strategies to standardize all of these issues in an agency training curriculum. The pilot project also affords the opportunity to study costs associated with the effective implementation of the peer support for recovery management model.

Lessons learned to date? The process takes time and needs to grow slowly. It's best not

to take on the role of an expert in this emerging work. If something doesn't work, revise, and try, try again.

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